103558-49705

PTO/SB/01 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR

Attorney Docket Number

DESIGN		First Named Inventor Gregory J. KELLY				
PATENT APPLICATION		COMPLETE IF KNOWN				
(37 CFR 1.63)		Application Number				
Declaration Submitted OR	Declaration Submitted after Initial	Filing Date				
		Art Unit				
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e))					
	required)	Examiner Name				
As the below named inventor, I here	eby declare that:					
My residence, mailing address, and cit	tizenship are as stated belov	v next to my name.				
I believe I am the original and first inve	entor of the subject matter wh	nich is claimed and for whic	h a patent is sough	t on the invention entitled:		
TOURS ATED DVD ALAD	AL 001 F DALL DO	OUTIONING DEV	IOE MUTIL IN	IOFPT		
TRUNCATED PYRAMID	AL GOLF BALL PO	JSITIONING DEV	ICE WITH IN	ISERI		
				Ì		
	(Title of the In-	vention)				
the specification of which						
is attached hereto						
OR _						
was filed on (MM/DD/YYYY)		as United States A	oplication Number	or PCT International		
L						
Application Number	and was amondo	d on (MM/DD/YYYY)		(if applicable).		
Application Number	and was amende	d off (MINDDOTTTT)		(II applicable).		
I hereby state that I have reviewed and	i understand the contents of	the above identified specif	ication, including th	ne claims, as amended by		
any amendment specifically referred to			. , ,			
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT						
international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant						
Thereby claim foreign priority benefits under 35 U.S.C. 119(a)-(a) of (f), of 355(b) of any foleign application(s) for paters, inventors or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for paters, inventor's or plant						
breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application	Country	Foreign Filing Date	Priority	Certified Copy Attached?		
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: I V	omer Number or Code Label 263		045 OR		Correspondence address below		
Name							
Address							
City	·	State	;		ZIP		
Country	Telephon	le			Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor							
Given Name Gregory J. (first and middle [if any])			ly Name Irname	(ELLY			
Inventor's Signature Date							
Duluth Residence: City	Stat		USA Country		USA Citizenship		
Mailing Address 3395 Fox Street - Suite 102B							
Duluth city	G/ Stat		ZIP 30	0096	USA Country		
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])		Family or Sur	y Name mame				
Inventor's Signature					Date		
Residence: City	Stat	te	Country		Citizenship		
Mailing Address							
City	Stat	te	ZIP		Country		
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

PTO/SB/81 (02-01)

Approved for use through 10/31/2002, OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

<u> </u>	
Application Number	
Filing Date	
First Named Inventor	Gregory J. KELLY
Title	TRUNCATED PYRAMIDAL GOLF BALL
Group Art Unit	
Examiner Name	
Attorney Docket Number	103558-48733

I hereby appo	oint:					
OR		Customer Number 26345 med below:]	Place Customer Number Bar Code Label here	
		Name		Registration Number		
l L_						
		agent(s) to prosecute the applicates Patent and Trademark Offi				
Please change	the corre	espondence address for the abov	e-identifi	ed applicati	on to:	
. —	-mentior	ed Customer Number.			,	
OR	4 0	Annual Number			Place Customer Number Bar Code	
OR	rs at Cus	stomer Number			Label here	
Firm or						
Individual Na	ame					
Address						
Address						
City			St	ate	Zip	
Country						
Telephone			Fa	ax		
I am the:						
🔀 Applicar	nt/Invent	or.				
Assignee of record of the entire interest. See 37 CFR 3.71.						
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
		SIGNATURE of Applicant or A	Assignee	of Record		
Name	Gregor	y J. KELLY				
Signature Buryou Kill						
Date CITAT						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
*Total of 1		ms are submitted.				

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.